

## MULTIPLE DEPENDENT

FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

FILING DATE

APPLICANT(S) 106541786

## CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							51						
2		1						52						
3		1						53						
4		1						54						
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44		1						94						
45		1						95						
46		1						96						
47		1						97						
48		1						98						
49		1						99						
50		1						100						
TOTAL IND.	2							TOTAL IND.						
TOTAL DEP.	22	↔		↔		↔		TOTAL DEP.		↔		↔	↔	
TOTAL CLAIMS	24	████████		████████		████████		TOTAL CLAIMS	████████		████████		████████	